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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a CON of 10/226,811 08/22/2002 PAT 6,655,734 ✓  
 which claims benefit of 60/316,436 08/30/2001

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CO	SHEETS DRAWING 7	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
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TITLE  
 DISPOSABLE SANITARY SEAT COVER

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